

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 9

2. STATE:

NV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435, 725, 435.733, 435.832
SECTION 1931 of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY N/A \$ b. FFY N/A \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Pages 4, 4a, 4b, 4c, 5, 5a
Supplement 12 to Attachment 2.6-A, Page 39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 2.6-A, Pages 4 & 5, 5a
Supplement 12 to Attachment 2.6-A,
Page 3
Supplement 13 to Attachment 2.6-A

Supplement 13 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT:

Updates the Temporary Assistance for Needy Families (TANF) Need and Payment Standard.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charlotte Crawford

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Mary Wherry, Deputy Administrator
Nevada Medicaid
2527 N. Carson St.
Carson City, NV 89706**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

January 8, 2001

18. DATE APPROVED:

January 30, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

State: NEVADA

| Citation | Condition or Requirement |
|---|--|
| B. Posteligibility Treatment of Institutionalized Individuals' Incomes | |
| 1. The following items are not considered in the posteligibility process: | |
| 1902(o) of the Act | a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. |
| Bondi v Sullivan (SSI) | b. Austrian Reparation Payments (pension (reparation) payments made under §500 – 506 of the Austrian General Insurance Act). Applies only if State follows SSI program rules with respect to the payments. |
| 1902(r) (1) of the Act | c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). |
| 105/206 of P.L. of 100-383 | d. Japanese and Aleutian Restitution Payment |
| 1.(a) of P.L. 103-286 | e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). |
| 10405 of P.L. 101-239 | f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 38 (E.D.N.Y.) |
| 6(h)(2)of P.L. 101-426 | g. Radiation Exposure Compensation. |
| 12005 of P.L. 103-66 | h. VA pensions limited to \$90 per month under 38 U.S.C. 5503. |

TN No. -00-09
Supersedes
TN No. 99-18

Approval Date MAR 30 2001

Effective Date 01/01/01

State Nevada

| Citation | Condition or Requirement |
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1924 of the Act
435.725
435.733
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 for Couples For ALL Institutionalized Persons.

- a. Aged, blind, disabled:
Individuals \$ 35.
Couples \$ N/A

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organization unit which determines that a criterion is met.

- b. AFDC related:
Children \$ 35.
Adults \$ 35.

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A.
\$ 35.

TN No. 00-09
Supersedes
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Approval Date MAR 30 2001

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State: NEVADA

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For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
- a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

x The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

_____ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).

_____ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except, that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-order support.

TN No. 00-09

Supercedes

TN No. _____

Approval Date MAR 30 2001

Effective Date 01/01/01

State: NEVADA

| Citation | Condition or Requirement |
|----------|---|
| | In determining any excess shelter allowance, utility expenses are calculated using: <u> x </u> the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or <u> </u> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges. |
| b. | The monthly income allowance for other dependent family members living with the community spouse is: <u> x </u> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(I) of the Act, using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member's monthly income. <u> </u> a greater amount calculated as follows: The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1): |
| c. | Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party. (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>) |

TN No. 00-09
Supersedes
TN No. _____

Approval Date MAR 30 2001

Effective Date 01/01/01

State: NEVADA

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| 435.725 435.733 435.832 | <p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no company spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none">° AFDC level, or° Medically needy level: <p>(Check one)</p> <p><input type="checkbox"/> AFDC levels in Supplement 1</p> <p><input type="checkbox"/> Medically needy level in Supplement 1</p> <p><input checked="" type="checkbox"/> <u>Other: \$558. for family of 1 & \$143. for each add'l family members</u></p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party.</p> <p>(I) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>)</p> |
| 435.725 435.733 435.832 | <p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p> |

TN No. 00-09
Supersedes
TN No. 99-18

Approval Date MAR 30 2001

Effective Date 01/01/01

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|------------|--|
| <u>N/A</u> | Amount for maintenance of home is: \$ _____ |
| <u>N/A</u> | Amount for maintenance of home is the actual maintenance costs not to exceed \$ _____ |
| <u>N/A</u> | Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different. |
| <u>N/A</u> | Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act. |

TN No. 00-09
Supersedes
TN No. 93-05

Approval Date MAR 30 2001

Effective Date 01/01/01

"SECTION 1924 PROVISIONS"

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility, the State resource standard is the minimum standard permitted by law.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Denial of eligibility would work an undue hardship against an institutionalized spouse (as defined in MAABD Program Manual Section 350) when ALL of the following conditions exist:

- 1. The institutionalized spouse is otherwise eligible for Medicaid; AND
- 2. The community spouse (as defined in MAABD Program Manual Section 350) is the sole owner of liquid resources OR non-liquid joint resources valued in excess of the maximum standard permitted by law; AND
- 3. The community spouse has refused to make such resources available to the institutionalized spouse; AND
- 4. The institutionalized spouse has insufficient funds to cover the cost of institutionalized care; AND
- 5. Without Medicaid, the institutionalized spouse would be forced to go without life sustaining medical care as determined by an individual licensed to practice medicine in the State of Nevada.

TN No. 00-09
Supersedes
TN No. 00-08

Approval Date MAR 30 2001

Effective Date 01/01/2001

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- Disregard an additional \$1,000 in resources.
- For all individuals under this group eligible in the immediately preceding month and for applicants whose net income without application of 100%/50% disregards does not exceed the 100% need standard:
 1. Disregard all earned income for three months;
 2. Disregard 50% of gross earnings for the next nine months;
 3. Disregard \$90 or 20% of gross earnings (whichever is greater) for month 13 and ongoing; and
 4. Disregard the full cost of child care.

OR for applicants/recipients

The \$30 + 1/3 / \$30 earnings disregards as applicable and \$90 work expense, whichever is more advantageous to the applicant/recipient.

5. Disregard an additional \$99 for a family size of one, and an additional \$23 for each additional family member.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- No resource methodology is replaced.
- Replaced income methodology is:
 1. \$30 + 1/3 earned income disregard allowed for applicants/recipients who received a cash grant in one of the immediately preceding 4 months or whose net income without application of the disregards does not exceed the 100% need standard. \$30 + 1/3 allowed for 4 consecutive months followed by \$30 disregard for 8 consecutive months; and

TN# 00-09
Supersedes
TN# 99-18

Approval Date MAR 30 2001 Effective Date 01/01/01